



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Art Unit	:		Customer No.:	035811
Examiner	:			
Serial No.	:	10/722,985		
Filed	:	November 26, 2003		
Inventors	:	Pierre Bouchaïb	Docket No.:	1419-03
	:	Franck Stemmelen	Confirmation No.:	
Title	:	MOLECULAR BEAM EPITAXY EQUIPMENT		
			Dated:	January 5, 2004

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**PRELIMINARY AMENDMENT**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Attached herewith is an English translation of the above-identified patent application.

Prior to action on the merits, Applicants respectfully request consideration of the following  
amendments and remarks:



Attorney Docket No.: 1419-03

In re Application of Pierre Bouchaïb et al.

Serial No.: 10/722,985

Filed: November 26, 2003

For: MOLECULAR BEAM EPITAXY EQUIPMENT

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

— Small entity status of this application under 37 CFR §1.9 and §1.27 has been established by a verified statement previously submitted.

— A verified statement to establish small entity status under 37 CFR §1.9 and §1.27 is enclosed.

☒ No additional fee is required.

The fee has been calculated as shown below:

(Col. 1)

(Col. 2) (Col. 3)

SMALL ENTITY

OTHER THAN  
SMALL ENTITY

	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NO. PRE- VIOUSLY PAID FOR	PRESENT EXTRA
TOTAL	* 9	-	** 20 =	0
INDEP.	* 1	-	** 3 =	0
___ First presentation of multiple dependent claim				

RATE	ADD'L FEE
x 9=	\$
x43=	\$
+145=	\$

OR

RATE	ADD'L FEE
x18=	\$
x86=	\$
+290=	\$

TOTAL ADDITIONAL FEE \$0 OR \$\_\_\_\_\_

\* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found from the equivalent box in Col. 1 of a prior amendment or the number of claims originally filed.


☐ Please charge my Deposit Account No. 50-2719 in the amount of \$ \_\_\_\_\_.  
A duplicate copy of this sheet is enclosed.

☐ A check in the amount of \$ \_\_\_\_\_ is attached.

☒ The Commissioner is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account No. 50-2719. A duplicate copy of this sheet is enclosed.

☒ Any filing fees under 37 CFR §1.16 for the presentation of extra claims.

☒ Any patent application processing fees under 37 CFR §1.17 with the exception of the Issue Fee which we intend to pay by check.

  
\_\_\_\_\_  
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